



Supplemental Application Data Sheet

Application Information

Application number::	10/582,703
Filing Date::	I.A. Filing Date 12/13/2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	1
Number of copies of CDs::	n/a
Sequence Submission::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	
Title::	IMMUNOGENIC PEPTIDES OF XAGE-1
Attorney Docket Number::	015280-485100US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jay
Middle Name::	A.
Family Name::	Berzofsky
Name Suffix::	
City of Residence::	Bethesda
State or Province of Residence::	MD
Country of Residence::	US
Street of Mailing Address::	5908 Bradley Avenue
City of Mailing Address::	Bethesda
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20814-1107

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ira
Middle Name::	H.
Family Name::	Pastan
Name Suffix::	
City of Residence::	Potomac
State or Province of Residence::	MD
Country of Residence::	US
Street of Mailing Address::	11710 Beall Mountain Road
City of Mailing Address::	Potomac
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20854

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Masaki
Middle Name::	
Family Name::	Terabe
Name Suffix::	
City of Residence::	Bethesda
State or Province of Residence::	MD
Country of Residence::	US
Street of Mailing Address::	7007 Clarendon Road
City of Mailing Address::	Bethesda
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20814

Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	30,617	Guy W. Chambers
Associate	35,551	Laurence J. Hyman

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/0416	December 13,
	An Appn claiming	39	2004
	benefit under 35 USC	60/529,025	12/12/03
	119(e) of		

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::	The Government of the United States, As Represented by the Secretary of Health and Human Services
Street of mailing address::	6011 Executive Boulevard, Ste. 325
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20852-3804